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13 November 2019

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Manager, Policy and Standards  
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By email: [Chesney.O'Donnell@surgeons.org](mailto:Chesney.O'Donnell@surgeons.org)

Dear Chesney,

**Consultation - RACS Letter MBS Review Report Time-tiered attendance items (DRAFT)**

Thank you for the opportunity to respond to the RACS Letter MBS Review Report Time-tiered attendance items (DRAFT).

As you are aware AOA responded directly to the Department of Health MBS Review Committee on this subject and is of the opinion that this change to the consultation fees will impact negatively on both patients and specialist medical practitioners. Currently most, if not all orthopaedic surgeons, provide patients with accurate information of consultation costs prior to the consultation. Under the changes as promulgated patients would only be able to be given the fee for allotted time intervals and no guarantee of the amount of the time that the consultation will take.

Please see additional AOA comments to follow:

1. The MBS fee list has remained substantially lower than CPI for many years. The effect of this has been a significant requirement for a co-payment from patients, as the practitioner seeks to meet business costs of practice which typically increase at or greater than CPI. The AMA recommended consultation fee is felt to more closely reflect actual costs and reasonable margins and has been consistently matched with CPI.
2. The proposals are focussed towards specialist physicians rather than specialist surgeons. Orthopaedic surgical practice naturally fits into a visit schedule of new and follow up patients, with a reasonable time-based allocation being possible according to this categorisation. Of course much follow-up is covered by the surgical fee, so the matter is very straight forward and easily understood.
3. The time-based proposal currently lacks enough information to allow informed comments as to whether they will actually achieve the stated aims.



4. In a busy surgical practice, a time-based billing model is just not very practicable and likely to add to practice costs. Such a scheme would mean accounting for and recording multiple different times instead of the simple binary new or follow-up. As highlighted in AOA's submission to the Department patients will not understand it, there will be discrepancies and arguments.
5. As surgeons are aware some consultations are long and some are short depending on the patient specific clinical scenario. Currently patients can be advised that an initial consultation is \$..... and a follow up consultation is \$..... This will be impossible with the model being proposed.

In conclusion AOA believes that a time-based billing model such as the one proposed simply will not work for surgeons, and very possibly be more expensive and less predictable for patients and that RACS should advocate such on behalf of the surgical specialties.

Kind regards,

A handwritten signature in black ink that reads 'Andrew Ellis'.

Andrew Ellis OAM FRACS(Orth) FAOrthA  
**AOA President**